

Breaking the Cycle of Addiction and Crime

The Cycle of Addiction and Crime

Roughly two thirds of prison inmates across the United States meet the medical criteria for alcohol and other drug abuse and addiction. Another 20% were “substance-involved” at the time of their arrest—they were under the influence of alcohol or other drugs at the time of their offense, stole money to buy drugs, and/or violated alcohol or drug laws.¹ Substance-involved offenders are likelier to be re-incarcerated than those who are not.² Approximately 95% return to alcohol and drug use after release from prison, and 60-80% of drug abusers commit a new crime after release.³ These crimes are often related to their addiction.⁴ Sweeping nonviolent drug offenders into the criminal justice system ensnares them within a net that is hard to escape.

Substance use also pervades the juvenile justice system. Four out of every five arrestees in state juvenile systems are under the influence of alcohol or drugs while committing their crimes, test positive for drugs, are arrested for committing an alcohol or drug offense, and/or admit having substance abuse and addiction problems.⁵ It is telling that the criminal justice system—not schools, families, or community organizations—is the biggest referrer of juveniles to treatment systems. Even so, of the 44% of youth in the juvenile justice system who meet the criteria for substance use disorders (SUD), only 3.6% are linked to appropriate treatment.⁶ The failure to prevent and control juvenile involvement in crime and substance use directly contributes to the growth of adult prison and jail populations.⁷

Furthermore, the cycle of addiction and crime has an intergenerational impact. Lengthy prison sentences or episodes of repeated jail sentences, combined with untreated SUDs contribute to poor parenting skills and increases the likelihood of child welfare involvement.⁸ In the U.S., there are 2.7 million, or one out of every 28, minor children who have a parent in jail or prison.⁹ Children with an incarcerated parent are more likely to struggle in school, live in financial instability, use or abuse substances, and be at higher risk for juvenile delinquency and adult criminality.¹⁰

Need for Treatment – Delinking Substance Use Disorders and Criminality

Proper treatment is necessary to break this cycle of addiction and criminality, including the decriminalization of addiction. SUD is a chronic disease, similar to diabetes and heart disease. Addiction is characterized by the inability to consistently abstain from substances, as well as limited behavioral control and dysfunctional emotional and interpersonal responses. These addiction behaviors stem from impaired brain circuits, resulting from a complex interaction of biological/genetic vulnerability, psychological influences on thinking and behavior, and environmental variables. These impaired brain circuits also corrupt multiple regions in the brain, and the brain changes that occur are long-term and consistent with a chronic disease model. These changes can result in impaired decision making, impulsivity and compulsivity. However, any consequent criminal behavior should be delinked from SUD, and the underlying disease treated, not criminalized.

Just as we cannot cure chronic physical and mental illness without appropriate and consistent long-term treatment, we cannot treat addiction without tailored long-term treatment with appropriate psychological, social, and medical interventions. Treatment and compliance greatly reduce costs to our communities. Cost-benefit analysis studies conducted in a multitude of settings, and with various samples, methodologies, and timeframes, have consistently shown that the benefits and savings from investing in treatment greatly outweighed the costs, with significant reductions in criminal justice and health care

costs.¹¹ Research showed that California counties that have invested more in treatment have lower rates of recidivism than those who have invested more in incarceration.¹² Overall, every dollar spent on treatment can reduce future costs by \$12 or more.¹³ These facts show that SUD treatment and related services are crucial components of health and wellness, public safety, and sound fiscal policies.

Yet, in the U.S., less than 15% of individuals in prison who need treatment receive it while incarcerated.¹⁴ Furthermore, while 1.9 million out of 2.4 million juvenile arrests had substance abuse and addiction involvement, only 68,000 received substance abuse treatment.¹⁵ Nonviolent offenders continue to be incarcerated for their behavior stemming from their chronic disease, without the necessary treatment to address the root cause of their behavior. This lack of needed treatment continues and worsens during reentry.

Reducing Incarceration

As such, many jurisdictions, including California and Los Angeles County, are taking steps towards better addressing the SUD needs of those involved in the criminal justice system. In 2011, California legislators passed AB 109, also known as “Public Safety Realignment.” Along with reducing the number of state inmates, AB 109 created the Post-Release Community Supervision (PRCS) program, replacing traditional parole supervision for these offenders. PRCS required county probation departments to coordinate rehabilitative treatment services, including SUD treatment. In fiscal year 2015-16 alone, counties will receive a total of \$1.19 billion from AB 109 savings captured from reduced state incarceration.¹⁶

Furthermore, in November 2014, nearly 60% of California voters passed Proposition 47 (Prop 47). Prop 47 reclassified six low-level drug and property felonies to misdemeanors. It also applied the reclassification to past and current felony sentences that met the criteria, resulting in early releases and reduction of prior conviction records for eligible persons. The financial savings realized from reduced state costs will be directed into the Safe Neighborhoods and Schools Fund grant program to support SUD and mental health treatment programs designed to reduce recidivism and crime (65%), K-12 public schools to reduce truancy and dropouts (25%), and services for crime victims (10%).

As we enter the second year of Prop 47, the number of people behind bars for low-level offenses dropped significantly statewide. Stanford Justice Advocacy Project reports that the reduced incarceration will generate over \$150 million in state savings this fiscal year,¹⁷ and the Legislative Analyst’s Office expects savings to reach \$100-200 million in 2016-2017.¹⁸ County governments stand to save over \$200 million annually, in aggregate.¹⁹

New Approaches are Necessary

However, our current system of care is inadequate to address the needs of people with substance use disorders in the criminal justice system. California is still struggling to adapt its law enforcement and public safety programs to the new laws in order to connect individuals to treatment services, based on medical necessity rather than judicially ordered treatment.

Collaborative Justice Courts, which use community and interagency partnerships to offer treatment, education and other services to offenders, have shown that the strategies and principles of such problem-solving courts can be applied to not only felony drug courts, but also domestic violence, community, family treatment, DUI, mental health, peer/youth, and homeless courts to combat a wide array of public health and safety issues.²⁰ Successful Collaborative Justice Courts include the integration of drug treatment with case processing, a non-adversarial approach, cultural competency, rapid placement of defendants into treatment, referral to a continuum of services, ongoing judicial interaction with each

participant, and partnership among the court and other agencies to generate local support and increase availability of services. Their effectiveness, dependent on the social, financial, and/or psychological incentives and rehabilitative strategies, can be expanded to include a greater misdemeanor population.

Innovative alternative sentencing programs, such as Collaborative Justice Courts, should be expanded to direct individuals into treatment and other relevant systems of care, which can meaningfully improve their health and quality of life by addressing all aspects of personal well-being. The resources gained from AB 109 and Prop 47 can be directed to provide services that work with and beyond Drug Medi-Cal treatment programs to offer comprehensive patient-centered care, unique to the vulnerabilities and needs of the people involved in the criminal justice system.

In the wake of Prop 47, California's cities and counties must create new approaches to criminal behavior that stems from SUD in order to more meaningfully prevent future criminal behavior. We need to separate SUD from criminal behavior and treat the underlying chronic disease. This addresses the root cause of the behavior, destigmatizes SUD, and reduces future relapse and recidivism. This objective requires more than the traditional approach of prosecution and incarceration; it will require the collaboration of law enforcement and other public safety agencies, public health, mental health, health services, social services, and other members of the community to build strategies that will best tackle the complex issues of chronic substance use.

It is a crucial time to invest and engage in long-term, evidence-based SUD treatment to ensure that it has the support and resources needed to be effective. The savings captured from Realignment and Prop 47 should be invested into treatment, prevention, and social services to provide a comprehensive network of care. We need to continue to move towards treating SUD as a public health issue, not a criminal justice issue, and craft our public policy and public safety strategies around this principle. Only by properly developing SUD treatment and related services as a vital component of public health can we ensure that those suffering from substance use and addiction are able to stay out of jails and remain in their communities to live healthy and productive lives.

¹ The National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars II: Substance Abuse and America's Prison Population." February 2010.

² The National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars II: Substance Abuse and America's Prison Population." February 2010.

³ National Council on Alcoholism and Drug Dependence, Inc. "Alcohol, Drugs, and Crime." Retrieved November 17, 2015.

⁴ Id.

⁵ National Council on Alcoholism and Drug Dependence, Inc. "Alcohol, Drugs, and Crime." Accessed November 17, 2015.

⁶ The National Center on Addiction and Substance Abuse, "Guide for Policymakers." December 2015.

⁷ The National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars II: Substance Abuse and America's Prison Population." February 2010.

⁸ Arditti, J., Lambert-Shute, J., Joest, K. "Saturday Morning at the Jail: Implications of Incarceration for Families and Children. Family Relations." 2003.

⁹ "Collateral Costs: Incarceration's Effect on Economic Mobility". The Pew Charitable Trust. 2010.

¹⁰ The National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars II: Substance Abuse and America's Prison Population." February 2010.

¹¹ Belenko, S., Patapis, N., & French, M.T. "Economic Benefits of drug treatment: A critical review of the evidence for policy makers." Philadelphia: University of Pennsylvania, Treatment Research Institute. 2005.

¹² Public Policy Institute of California. "Do Local Realignment Policies Affect Recidivism in California." August 2014.

¹³ "Principles of drug addiction treatment: A research-based guide." National Institute on Drug Abuse. 1999. Revised April 2009.

¹⁴ White House Office of National Drug Control Policy. "In-Custody Treatment and Offender Reentry." Retrieved Nov 19, 2015.

¹⁵ National Council on Alcoholism and Drug Dependence, Inc. "Alcohol, Drugs, and Crime." Retrieved November 17, 2015.

¹⁶ Public Policy Institute of California. "Do Local Realignment Policies Affect Recidivism in California." August 2014.

¹⁷ Stanford Justice Advocacy Project. "Proposition 47 Progress Report: Year One Implementation." October 2015.

¹⁸ "The 2015-16 Budget: Implementation of Proposition 47." Legislative Analyst's Office. February 2015.

¹⁹ "Proposition 47 Progress Report: Year One Implementation." Stanford Justice Advocacy Project. October 2015.

²⁰ Wolf, Robert. "California's Collaborative Justice Courts: Building a Problem-Solving Judiciary." Judicial Council of California. 2005.